## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

**Facility Name: INDEPENDENT OUTLOOK INC (0010574)** 

Address: 5093-160TH STREET, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 07/06/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History			
Survey ID: 0096859 Results: NO STATEME	End Date: 04/12/2006	Type: STANDARD	Purpose: SURVEY
Survey ID: 0096587	End Date: 03/14/2006	Type: OTHER	Purpose: OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0095506	End Date: 09/08/2005	Type: OTHER	Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0092832	End Date: 06/28/2004	Type: INITIAL	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			

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